

220031066
387099

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District	Agency Case No. C0-088308	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/21/2020		(In Military Time) TIME OF ACCIDENT 2231	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2232	Amended 10/02/2020	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Garber Ave.		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	144.10		X N. 12th			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE D.O.T. PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	1			06 7 1 5 10		
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13186865		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N	DRIVER HANI S HADGI		PHONE 4025705056		LOCAL NO.	
V2/N	DRIVER ADDRESS 2615 N. 15, LINCOLN, NE 68503		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/01/1991
G	OWNER Hani Hadqi		PHONE 4025705056		LOCAL NO.	
2	OWNER ADDRESS 2615 N. 5, Lincoln, NE 68521		CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO. LB673393
H	LICENSE PLATE NO.	YEAR 2020		STATE (Of Plate)	NE	
V1/O	VEHICLE	2013	MAKE GMC	MODEL TERRAIN SLE	BODY STYLE Medium/large	COLOR gray
3	VEHICLE ID NO. (VIN)	2GKALMEK4D6306360		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 3000		
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY ALLSTATE IND CO		
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
V1/P	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER		PHONE		LOCAL NO.	
12	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/Q	LICENSE PLATE NO.	YEAR		STATE (Of Plate)		
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY		POLICY NO.
01	TOWED BY		POLICY NO.			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	
0	Victor Melendez 1151 Garber, Lincoln, NE 68521		08/19/1979		18 12 1 2 F	
VEH. #	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	
	BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue		EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	
VEH. #	NAME		ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
C0-088308



Indicate
North
by Arrow



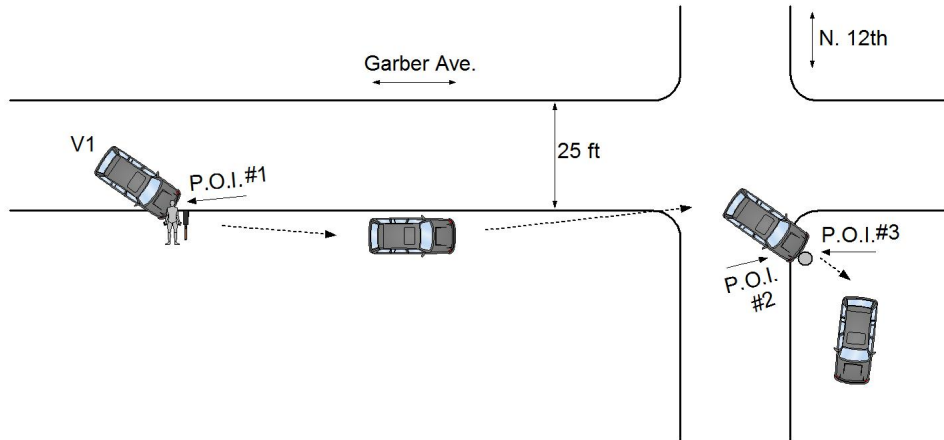
POI: #1: 144.1 ft W of N. 12's W curb
2 ft S of Garber's S curb

POI #2: 14.7 ft S of Garber's S curb
N. 12's E curb

POI #3: 17.2 ft S of Garber's S curb
2 ft E of N. 12's E curb

Rear passenger tire resting spot:
30.1 ft S of Garber's S curb
11.6 ft E of N. 12's E curb

Front driver tire resting spot:
42.10 S of Garber's S curb
13.5 E of N. 12's E curb



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Multiple individuals reported an individual down in the grass, possibly hit by a vehicle. Officers found the individual on the Southside of Garber / N. 11 - N. 12. Officers located the PR vehicle, V1, disabled near the SE corner of N. 12 / Garber Ave. The injured pedestrian was later pronounced deceased at the hospital. Accident reconstructionist responded to the scene to conduct a fatality accident investigation. Officers determined through statements and debris the PR vehicle was traveling EB on Garber, went into the grass, hit the deceased party and then continued EB. The vehicle hit a street sign on the SE corner of N. 12 / Garber and became disabled. See other diagrams for further details.

D1 was cited/lodged for Leaving the Scene of the Accident on 9-22-20.

PROPERTY	OBJECT DAMAGED Street sign	OWNER NAME City of Lincoln 555 S 10th St, Lincoln, NE 68508	ADDRESS	PHONE 4024417171	APPROX. COST OF DAMAGE \$ 100	
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$	
WITNESSES	NAME				ADDRESS	PHONE
	NAME				ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1			X		Garber Ave.															
2																				
1	13				06 Turning left															
2					08 Entering traffic lane															
					01 Essentially straight ahead															
					02 Backing															
					03 Changing lanes															
					04 Overtaking/ Passing															
					05 Turning right															
					06 Leaving traffic lane															
					07 Making U-turn															
					08 Entering traffic lane															
					09 Leaving traffic lane															
					10 Parked															
					11 Slowing or stopped in traffic															
					12 Other															
					13 Unknown															

VEHICLE 1				VEHICLE 2			
POINT OF IMPACT	01	POINT OF IMPACT					
MOST DAMAGED AREA	02	MOST DAMAGED AREA					
00 None				02 03 04			
09 Top & windows				01 05			
10 Undercarriage				08 07 06			
11 Total (all areas)							
12 Other							

VEHICLE 1				VEHICLE 2			
1 Deployed - front							
2 Deployed - side							
3 Deployed - both front/side							
4 Not deployed							
5 Not applicable/ No airbag available							
6 Unknown							

VEHICLE 1				VEHICLE 2			
1 None used - vehicle occupant							
2 Lap & shoulder belt used							
3 Shoulder belt only used							
4 Lap belt only used							
5 Child safety seat used							
6 Child booster seat used							
7 DOT approved helmet used							
8 Costume helmet used							
9 Restraint use unknown							

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	N	N
ALCOHOL/ DRUGS SUSPECTED			
1 Neither alcohol nor drugs suspected			
2 Yes - alcohol suspected			
3 Yes - drugs suspected			
4 Yes - alcohol & drugs suspected			
5 Unknown			

OFFICER NO. 1723	TROOP/ TEAM/ BEAT	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jason Drager		INVESTIGATOR SIGNATURE Approved by Officer Jason Drager	DATE OF REPORT 10/02/2020